# UNITED STATES DISTRICT COURT

for the

District of Oregon

\_\_\_Eugene\_ Division

|  | Case No. 6: 20-cv - 302 - MC            |
|--|---|
| JosePh A Russ  | (to be filled in by the Clerk's Office) |
| Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint.  If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) | Jury Trial: (check one) Yes No          |
| DHS/cps/   | )<br>)                                  |
| STROSTION RIOS  Defendant(s)   | )<br>)                                  |
| (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)                           | )<br>)<br>)                             |

# COMPLAINT FOR A CIVIL CASE

# I. The Parties to This Complaint

# A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address

Savage (Reverse and Research Paris)

Savage (Reverse and Research Paris)

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

| Pro Se 1 (Re | v. 12/16) Complaint for a Civil Case |                             |
|--------------|--------------------------------------|-----------------------------|
|              | Defendant No. 1                      | 1                           |
|              | Name                                 | Station and nexts           |
|              | Job or Title (if known)              | THS                         |
|              | Street Address                       | - <del>V(1 \ )</del>        |
|              | City and County                      | Salsan                      |
|              | State and Zip Code                   | Caren                       |
|              | Telephone Number                     |                             |
|              | E-mail Address (if known)            |                             |
|              | 2.                                   |                             |
|              | Defendant No. 2                      |                             |
|              | Name                                 | ashley MCDPIQI, and PEED    |
|              | Job or Title (if known)              | CPS/                        |
|              | Street Address                       |                             |
|              | City and County                      | Reselvers / Draggers Colina |
|              | State and Zip Code                   |                             |
|              | Telephone Number                     |                             |
|              | E-mail Address (if known)            |                             |
|              |                                      |                             |
|              | Defendant No. 3                      | 14 1-1+ 0-                  |
|              | Name                                 | trinozand Shasimalis        |
|              | Job or Title (if known)              | 1 + 00179 001 11/10/50      |
|              | Street Address                       | 239CEGETIVEO 12911861       |
|              | City and County                      | Potland                     |
|              | State and Zip Code                   | Cza                         |
|              | Telephone Number                     | $\mathcal{L}$               |
|              | E-mail Address (if known)            |                             |
|              | •                                    |                             |
|              | Defendant No. 4                      |                             |
|              | Name                                 | <u> </u>                    |
|              | Job or Title (if known)              |                             |
|              | Street Address                       |                             |
|              | City and County                      |                             |
|              | State and Zip Code                   |                             |
|              | Telephone Number                     |                             |
|              | E-mail Address (if known)            |                             |

### II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

| wna  |            | eral ques      | stion Diversity of citizenship   |                          |
|------|------------|----------------|--|--------------------------|
| Fill | out the pa | ragraph        | s in this section that apply to this case.   | ,                        |
| A.   | If the     | Basis f        | or Jurisdiction Is a Federal Question  |                          |
|      |            |                | fic federal statutes, federal treaties, and/or provisions of the United Statutes.                                  | States Constitution that |
|      |            |                |  |                          |
| В.   | If the     | Basis f        | or Jurisdiction Is Diversity of Citizenship  |                          |
|      | 1          | The I          | Plaintiff(s)   |                          |
|      |            | a.             | If the plaintiff is an individual  The plaintiff, (name) Joseph ARuss  | , is a citizen of the    |
|      |            | L              | State of (name)  |                          |
|      |            | b.             | If the plaintiff is a corporation  The plaintiff, (name)  under the laws of the State of (name)                    | , is incorporated        |
|      |            |                | and has its principal place of business in the State of (name)   |                          |
|      |            | (If me<br>same | ore than one plaintiff is named in the complaint, attach an additional information for each additional plaintiff.) | l page providing the     |
|      | 2.         | The I          | Defendant(s)   |                          |
|      |            | a.             | If the defendant is an individual  The defendant, (name) the State of (name)                                       | Or is a citizen of       |
|      |            |                | (foreign nation)   |                          |

|  | b. If the defendant is a corporation  |   |
|--|---|---|
| •  | The defendant, (name)   | , is incorporated under   |
| ٠  | the laws of the State of (name)   | , and has its   |
|  | principal place of business in the State of (name)  |   |
| •  | Or is incorporated under the laws of (foreign nation)   |   |
|  | and has its principal place of business in (name)   | ,   |
|  | С .   |   |
|  | (If more than one defendant is named in the complaint, attach an same information for each additional defendant.)   | additional page providing the   |
| 3,   | The Amount in Controversy   |   |
| tatement of C                                  | The amount in controversy—the amount the plaintiff claims the de stake—is more than \$75,000, not counting interest/and costs of confidence of the confidence |   |
| cts showing t<br>volved and w<br>e dates and p | and plain statement of the claim. Do not make legal arguments. Stathat each plaintiff is entitled to the damages or other relief sought. What each defendant did that caused the plaintiff harm or violated to blaces of that involvement or conduct. If more than one claim is as and plain statement of each claim in a separate paragraph. Attach as ADUSE, POSEWA WELLEZENCE.   | State how each defendant was<br>he plaintiff's rights, including<br>serted, number each claim and |

#### Relief IV.

III.

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

# V. Certification and Closing

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

# A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Date of signing:   |         |                    |   |  |
|--|---------|--------------------|---|--|
| Signature of Plaintiff Printed Name of Plaintiff For Attorneys | Doseph, | 1 845 5<br>1 845 5 |   |  |
| Date of signing:   |         |                    |   |  |
| Signature of Attorney  |         |                    |   |  |
| Printed Name of Attorney                                       |         |                    |   |  |
| Bar Number   |         |                    |   |  |
| Name of Law Firm   |         |                    | ~ |  |
| Street Address   |         |                    |   |  |
| State and Zip Code   |         |                    |   |  |
| Telephone Number   | - 1     |                    |   |  |
| E-mail Address   |         |                    |   |  |